



I

URBAN DISTRICT OF TORPOINT

THE  
ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE YEAR  
1966

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Mr. Chairman, Mrs. George, Gentlemen,

During the year 1966 the estimated population of the Health Area rose by 420 to a total of 51,500. Very small decreases in Liskeard R.D. and Torpoint U.D. were offset by moderate increases in St. Germans R.D. Saltash M.B and Liskeard M.B and by a very small increase in Looe U.D.

There was an appreciable excess of live births over deaths, and the corrected birth rate for the Area was above the National figure. In one district in particular - Saltash M.B. - there was something of a "population explosion" with 180 live births, and a corrected birth rate of 23.9 per 1,000 of population. The corrected rate in Torpoint U.D. at 22.3 was also appreciably above the Area rate of 18.7 per 1,000 of population. Both the stillbirth rate and the infant mortality rate for the Health Area were below the corresponding figures for England and Wales. No maternal deaths occurred during 1966.

The Area death rate was marginally lower than the national death rate. The principal causes of death showed up in much the same order of prevalence as in previous years. Heart disease which caused 36% of all deaths was clearly ahead of cancer (17%) and stroke (15%). Close on half of the deaths attributed to heart disease were due to disease of the coronary arteries of the heart. Of the defined forms of cancer that affecting the windpipe and lungs was most common and caused 24 deaths as against 11 due to cancer of the stomach. Of the 691 persons who died during the year 345 had reached or exceeded the age of 75 years at the time of death.

The incidence of notifiable disease was not heavy during 1966. the total of 387 cases notified represented an attack rate of 7.51 cases per 1,000 of population. Measles with 295 notifications was the most prevalent of this group of diseases, and the districts most affected were St. Germans and Liskeard Rural Districts. None of the more serious forms of notifiable disease occurred, and there were no deaths attributed to this cause.

For many years there has been a downward trend in the incidence of newly notified cases of tuberculosis but this decline has not been a steady falling gradient, but one in which a fairly marked reduction in any particular year is commonly followed by an upswing in the curve of incidence in the following year. This pattern was again evident in 1966 when the incidence rose as compared with 1965. In all 16 new cases were notified as against 9 in the preceeding year. The trend for the majority of cases to come from the older age groups was again in evidence and no less than 12 of the cases were aged 45 years or above at the time the infection was discovered and notified. In spite of better and more widely available methods of diagnosis, such as public mass radiography sessions provide, and improved, and very effective methods of treatment tuberculosis is still a disease to be viewed with concern. Some strains of the tubercle bacillus acquire resistance to anti-tuberculous drugs and such infections prove difficult, and tedious to treat. Very occasionally more serious and almost forgotten forms of the disease show up and such was the case towards the end of 1966 when a 14 year old schoolgirl developed tuberculous meningitis. Not so very many years ago such a case would almost certainly have had a fatal outcome and even with modern treatment some residual disability may persist. In the case I have cited the child involved still has not been able to resume school some six months after the onset of the infection.

In recent years a relatively mild form of gastro-enteritis has become prevalent. This affects in the main children in primary school age-groups i.e. from 6 - 10 years old, and is less prevalent amongst older children, and adults. It appears to be active at all seasons of the year in contra-distinction to food poisoning, and more conventional forms of gastro-enteritis which are usually more prevalent during the warmer months. In younger children it is commonly a very mild, indeed a trivial illness, but tends to be more severe in adults when these are involved. Specimens from patients give negative bacteriological results, and the probability is that some form of virus, as yet not positively identified is responsible for the illness. The mode of spread of this disease is not precisely known.



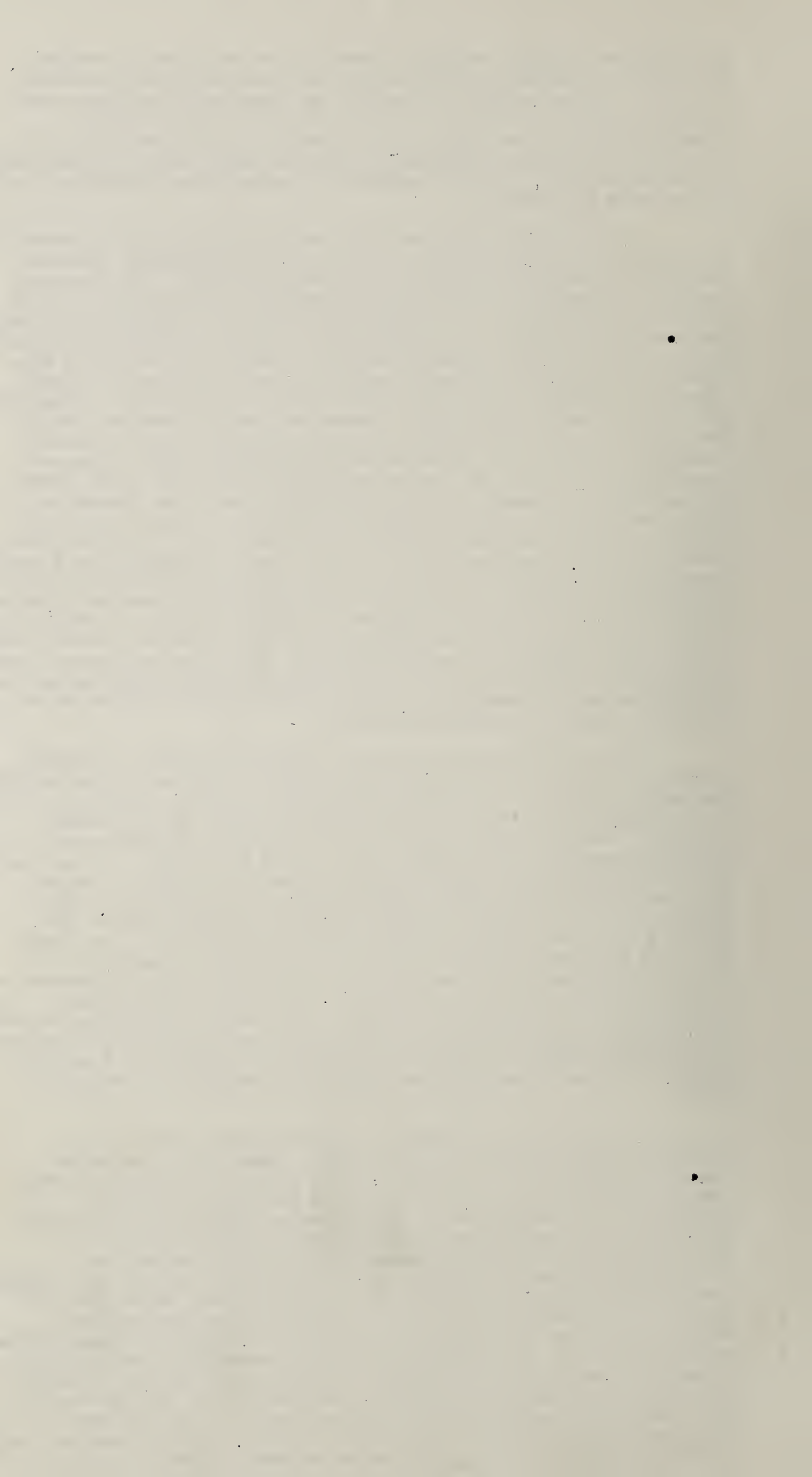


The infection is almost certainly carried in the vomit and the stools, but it is also probably transmitted by droplets from the nose and mouth of cases. In this respect it resembles the common cold and because this method of spread is involved it is difficult if not impossible to effectively control the spread of the infection. It is also likely that in the case of children sub-clinical infections which because of this mild and transient nature are not recognised can nevertheless function as links in the chain of infection.

In my Annual Report for 1965 I referred to the hazard presented to consumers of untreated milk by the existence of contagious abortion infection or brucellosis amongst cows in milking herds. Since then this subject has received a good deal of publicity and I personally have seen articles in newspapers, in a journal which circulates widely in the farming industry and have seen and heard very interesting and informative programmes on television and radio drawing attention to the adverse effects of this disease on agricultural economies, and on the health of farmers, cowmen, veterinary surgeons, and to some lesser extent on consumers of untreated milk. As far as the last hazard is concerned the heat treatment of all raw milk in pasteurisation plants provides a solution which is readily available. The threat to those who work closely with cattle is not so easily dealt with, and its resolution together with that to the economy of the agricultural industry calls for the eradication of the disease in cattle under the same type of policy which was successfully carried out some years ago for the eradication of tuberculosis. As I write the first small, and very inadequate steps are being taken in Cornwall to deal with the problem. As is generally the case in this type of situation financial considerations whether in relation to compensation to be paid for infected animals or for augmenting the staff and technical facilities necessary to carry through any scheme of eradication, are the factors which decide the rate at which remedial measures can proceed. At the present time we must reluctantly recognise the fact that any rapid and comprehensive scheme for the eradication of brucellosis in cattle does not rate a high degree of priority or urgency in the national plan.

The identification of sources of brucella infection in milking herds is a tedious and time-consuming procedure. At present there is only one sampling officer on the staff of the County Council, and he has so far had to confine his efforts to investigations of herds in West and Mid Cornwall. Because of this very little investigation of milking herds of producer-retailers in this Health Area has been carried out. It is a fact that in Cornwall some 20- 25% of milking herds which have been sampled show some evidence of *Brucella abortus* infection in the milk. On this basis some 16 to 19 of the 78 producer-retailer milking herds in this Health Area may be expected to show evidence of infection in their milk. If we are to proceed from the position of intelligent guesswork to the actual ascertainment of sources and extent of infection the recruitment of further sampling officers is necessary. Here however difficulties, principally financial, do not give hope of any early or rapid improvement in the present unsatisfactory state of affairs and in face of this and the very lukewarm schemes for eradicating the disease from cattle I can only repeat the advice generally given against the consumption of untreated milk.

The welfare and living standards of two sections of our affluent society continue to cause concern. These are the so called "problem families" and the elderly, and in particular old people living alone. In the former case the parents are commonly below average in intelligence, the wage earner is usually without skills, and is therefore unable to secure and hold well-paid employment, and both parents are ill-equipped to resist the blandishments of doorstep salesmen, the attractively set out and brightly coloured catalogues of mail order suppliers and the social pressures of "keeping up with the Jones" which appear to apply at all levels of society. The extension of car ownership puts further strains on the resources of such families. Apart from the standing charges for taxing and insuring the vehicles, outgoings on repairs and maintenance are frequently well above average because the cars owned are old and in poor mechanical condition. Possession of a car also tempts the owner to take employment some distance away from home with the inevitable extra expense such travelling involves. A recent instance comes to mind in which out of a weekly income of around £12 no less than





£3. 10. 0d. was spent on travelling to and from the place of work. More often than not the call to assist these families originates in concern about a relatively small debt, frequently in respect of the rent of the Council house they occupy, but when the full financial liabilities are exposed the total debt load may exceed £150 - £200. It is noteworthy how much of the worry and anxiety of such a situation is borne by the wife. Many of the husbands seem to think that provided they hand over a certain amount of their wages each week, there is no need for further concern on their part as to how the household budgeting is done.

Elderly people, and especially those living alone, continue to present anxieties and problems to their relatives, their neighbours, and to social workers. The pattern, stemming very largely from degenerative changes and ageing of the vessels supplying blood to the brain, is all too familiar to those who come in contact with older people. Coupled with a failing memory is a deterioration in standards of cleanliness both personal, and in relation to the surroundings. In addition many through lack of an adequate income or through a cranky and unreasonable pre-occupation with frugality live on an unsatisfactory diet which sooner or later give rise to malnutrition and avitaminosis. In one respect at least the situation is improved. Old people are now much more receptive to the idea of entering welfare accommodation in an Old Peoples Home where they may be adequately cared for. Indeed there is now a problem here of providing sufficient places for the number of applicants seeking places and a period of waiting is the rule for the great majority of applicants. New homes will be provided in Callington and Liskeard in the course of the next couple of years and whilst this new provision may reduce waiting lists it will not eliminate them.

The provision of hospital beds for old people in need of care, attention, and nursing beyond the scope of welfare accommodation is still far from adequate, and one still hears all too often of old people rendered bedfast by illness or infirmity having to wait for a hospital bed when their domestic circumstances particularly during the hours of darkness give cause for much anxiety. If in making these observations I appear to be unduly critical of the hospital authorities let me say at once that I am well aware of their difficulties in providing accommodation and staff for this type of patient, and that I do not overlook the special efforts they make to give priority to cases where they are made aware of the unsatisfactory sometimes desperate domestic background.

In the field of water supply the situation is generally satisfactory although there are some localities in which consumers still experience difficulties. These relate in the main to shortage of water during times of heavy demand, and to the appearance of sediment and discolouration in the supply, both of which arise from older and now inadequate distribution mains. The East Cornwall Water Board is aware of these inadequacies and has a programme to deal with them, but for financial and other reasons this will take time.

The position in respect of sewerage and sewage disposal shows a gradual improvement with large schemes in Liskeard Borough, and in Calstock Parish well in hand. There is also good prospect that a comprehensive scheme for Looe will not be long delayed. This last will remove a major source of nuisance concerning which I have in previous reports written in a very critical vein. In the Liskeard Rural District the position has now been reached where schemes to cater for relatively small hamlets are being considered. A possible obstacle to the implementation of such small schemes is the high cost in relation to the limited number of dwellings served - in some cases as much as £400 to £500 per dwelling.

In an area which is mainly rural in character it may seem odd to write of any difficulty in finding and securing suitable sites for disposing of household refuse. Nevertheless this is certainly the case more particularly in the western half of the Health Area. The increase in the volume of household and trade refuse to be disposed, coupled with more critical attitudes of disposal methods have added considerably to the difficulty of securing suitable sites. I have already said, and I offer no excuse for repeating here my view that ratepayers will have to accept higher charges if really satisfactory arrangements for the





collection and disposal of refuse are to be made. Improved types of refuse collecting vehicles, and more efficient methods of tip management are likely to increase noticeably the cost of this service. In addition the not unreasonable demand for the inclusion in this service of ways and means of disposing of heavier items, such as motor car bodies, old furniture mattresses - what is commonly called "junk" - will further increase rate-borne expenditure under this head. This latter type of refuse poses little problem to public health but is presenting an increasing threat to the amenities of the countryside and open spaces near any centre of population.

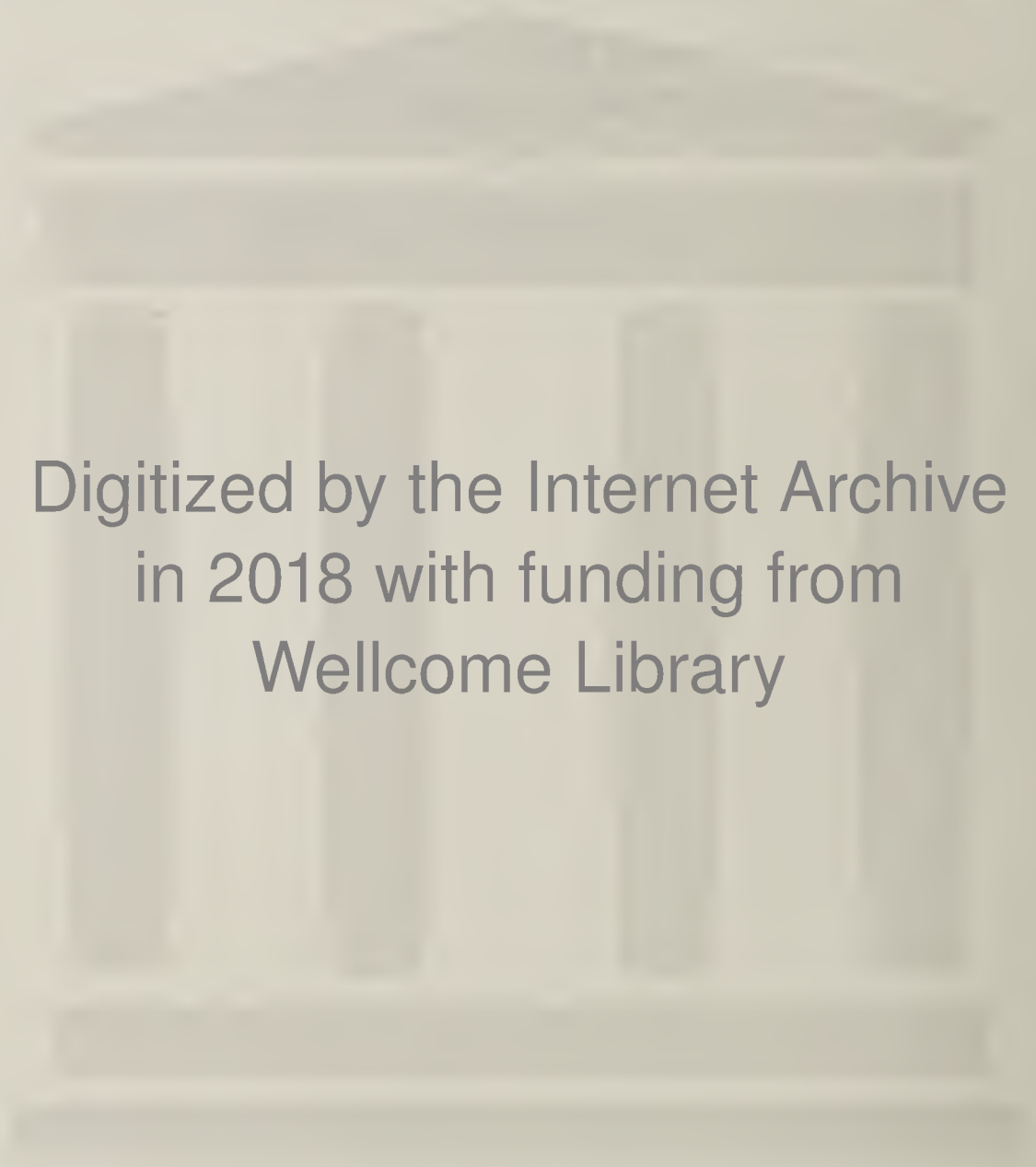
In concluding the general preface I should like to place on record yet again my sense of gratitude and indebtedness to the Members, Officers, and staffs of the six District Councils for the help and co-operation that I have received from them during 1966.

I have the honour to be

Your obedient Servant,

P.J. FOX

Medical Officer of Health.



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TORPOINT URBAN DISTRICT

General Purposes Committee.

Councillor J.E.F. Cudlip ..... Chairman

Councillor J.J. Peach . .... Vice-Chairman.

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Public Health Officers of the Authority.

P.J. Fox, M.B., B.Ch., B.L.O., D.P.H. .... Medical Officer of  
Health

Health Area Office,  
West Street,  
Liskeard,  
Cornwall.

Telephone - Liskeard 3373.

W. Hogarth, F.F.S., F.R.S.H. .... Senior Public Health  
Inspector

I.C. Prowse. .... Public Health Inspector.

Council Offices,  
York Road,  
Torpoint,  
Cornwall.

Telephone - Torpoint 410

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|   |           |
|---|-----------|
| Area of Urban District                    | 975 acres |
| Population (Registrar General's Estimate) | 6,520     |
| Number of Inhabited Houses                | 1,529     |
| Rateable Value                            | £172,772  |
| Product of Penny Rate                     | £696      |

Vital Statistics for 1966

|             | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|-------------|-------------|---------------|--------------|
| Live Births | 48          | 47            | 95           |

Torpoint U.D. Health Area No.7. England & Wales

|                                    |      |      |      |
|------------------------------------|------|------|------|
| Birth rate per 1,000 of population | 22.3 | 18.7 | 17.7 |
|------------------------------------|------|------|------|

|              | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|--------------|-------------|---------------|--------------|
| Still births | 1           | -             | 1            |

Torpoint U.D. Health Area No.7. England & Wales

|   |      |      |      |
|---|------|------|------|
| Still birth rate per 1,000 total births | 10.4 | 11.4 | 15.4 |
|---|------|------|------|

|        | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|--------|-------------|---------------|--------------|
| Deaths | 33          | 24            | 57           |

Torpoint U.D. Health Area No.7. England & Wales

|                                    |      |      |      |
|------------------------------------|------|------|------|
| Death rate per 1,000 of population | 12.1 | 11.5 | 11.7 |
|------------------------------------|------|------|------|

|   | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|---|-------------|---------------|--------------|
| Deaths of infants under one year of age | 1           | -             | 1            |

Torpoint U.D. Health Area No.7. England & Wales

|   |      |      |      |
|---|------|------|------|
| Infant Mortality rate per 1,000 live births | 10.5 | 17.9 | 19.0 |
|---|------|------|------|

Principal Causes of Death at All Ages

|                     |    |
|---------------------|----|
| Heart Disease       | 23 |
| Cancer (all sites)  | 14 |
| Stroke              | 9  |
| Circulatory disease | 4  |

There was an excess of 38 live births over deaths during 1966. Still birth and infant mortality rates were commendably low. Of the defined forms of cancer that affecting the lung and bronchus caused 4 deaths. Of those who died during the year 54% had reached or exceeded the age of 75 years at the time of death.



### Notifiable Disease (other than tuberculosis)

During 1966 the incidence of this group of diseases was light, and 10 cases only were notified. Of these 8 were in respect of pneumonia amongst adolescents and young adults in a Royal Navy establishment.

The following are details of cases and case rates:

| <u>Disease</u>  | <u>Cases</u> | <u>Rate per 1,000 of population</u><br><u>Torpoint U.D. Health Area No.7.</u> |      |
|-----------------|--------------|---|------|
| Pneumonia       | 8            | 1.23  | 0.89 |
| Scarlet fever   | 1            | 0.15  | 0.02 |
| Rheumatic fever | 1            | 0.15  | 0.02 |

### Tuberculosis

Two new cases of this disease were notified during 1966. Both cases were in young people. The more serious involved a 14 year old schoolchild who developed tuberculous meningitis. This form of tuberculosis is fortunately extremely uncommon. From investigations it seems likely that the source of infection was within the child's family circle and may well have been dormant for some time in the child herself before manifesting itself in this severe form in November, 1966. The other case notified was a straightforward respiratory infection.

The following are details of cases and case rates during the year:-

| <u>Age Group</u> | <u>M</u> | <u>F</u> |  |   |
|------------------|----------|----------|--|---|
| 0 - 4            | -        | -        |  |   |
| 5 -14            | -        | 1        |  |   |
| 15 -24           | 1        | -        |  |   |
| 25 -44           | -        | -        |  |   |
| 45 -64           | -        | -        |  |   |
| 65 and over      | -        | -        |  |   |
|                  | <u>1</u> | <u>1</u> |  |   |
|                  |          |          |  | <u>Rate per 1,000 of population</u><br><u>Torpoint U.D. Health Area No.7.</u> |
| New Cases        |          |          |  | 0.30      0.32  |
| All Known Cases  |          |          |  | 3.07      3.07  |
| Deaths           |          |          |  | -      0.06   |

At the end of 1966 there were 16 known cases of respiratory tuberculosis and 4 known cases of non-respiratory tuberculosis resident in the Urban District.

National Assistance Act, 1948      No action under Section 47 of this act was called for during the year.

Water Supply. This has been generally satisfactory and at no time have any unsatisfactory reports on bacteriological examination of samples been received. Complaints have been received of occasional discolouration of water, and the appearance of sediment in water supplied to domestic consumers. These arise almost wholly because there are in the distribution system many lengths of old piping which have become encrusted with deposits, and the only real solution is the eventual replacement of these mains by the East Cornwall Water Board.

Sewerage and Sewage Disposal As in previous years all sewage is disposed of in a crude untreated form by several outfalls discharging into the Hamoaze estuary. The Cornwall River Authority in pursuance of its general policy in these matters is now requiring that proper provision for the treatment of sewage from new development be made by the Council. As the Public Health Inspector observes in his report the scheme to meet the River Authority requirements will serve development in some 60 acres of new ground, and will be a welcome if long overdue development.





Refuse Collection and Disposal The collection of refuse is now more efficiently handled thanks to the use of a modern compressor type collection vehicle. The question of refuse disposal is one which is likely to prove a considerable problem before very long. The area at Effords Bridge on which refuse is at present tipped is becoming full, and so far the search for an alternative site has not been successful, and there appears little likelihood that a suitable site will be found within the boundaries of the Urban District.

Food Generally reasonable standards of hygiene were achieved and maintained in food shops and catering establishments during the year.

No cases of food poisoning were notified during 1966.

Factories Act, 1961 No difficulties were experienced in the operation of this Act during the year.

#### Report of Public Health Inspector

This report by Mr. Wilson Hogarth follows. I wish to express to Mr. Hogarth and to the Additional Public Health Inspector, Mr. Prowse, my gratitude for the assistance I have received from them during the year.



## Public Health Inspector's Report for 1966.

### Sanitary Circumstances of the Area.

#### Water Supply.

Regular routine samples of the two water distribution systems in the town were taken, and the laboratory reports upon these showed that in all cases the samples were of water fit for human consumption.

For some years there has been trouble with corrosion of water fittings due to the use of chemicals for water purification, and whilst this may be an expensive matter to house owners and occupiers, it is not a hazard to health.

#### Drainage and Sewerage.

In last year's Report it was mentioned that a scheme for the development of the Borough Farm area of the Urban District, particularly with regard to the laying of sewers to enable building development to take place, was put before the Council and approved in principle, and had in fact been discussed with the Cornwall River Authority.

During the present year, however, steps have been taken in that, as Engineer to the Authority, I asked the Council's Consulting Engineers, Messrs. Ivory and Partners, to prepare a preliminary estimate of the cost. This was discussed by the Council and its Committees on several occasions, and after some amendments, Messrs. Ivory and Partners produced a final scheme, and the stages in the development of this were agreed between the Council and the Cornwall River Authority. It is now expected that working drawings and a specification for the initial stage of the sewage treatment works, which are to be built at Mill Field, and the pumping station for pumping the effluent from the existing outfall at Chapeldown Cottages back to Mill Field for treatment, will be begun, and this scheme will incorporate provision for the sewerage and treatment of effluent from about sixty acres of new ground.

It would seem that at last Torpoint will have a modern sewage treatment system.

#### Refuse Collection and Disposal.

This has proceeded normally. The 35 cub. yd. compressor refuse collection vehicle is fulfilling a most useful role and has enabled the Council to cope with the continual increase in the number of occupied premises in the town.

During the year there was some trouble over the question of trade refuse collection, the system having been abused by a few irresponsible people. The Council took steps, on the recommendation of its Public Health Officers, to see that only a reasonable amount of refuse was collected from each shop, and that the shop-keeper himself saw that it was kept in a hygienic condition, so as to prevent danger to health in the shop and to the public, and severe nuisance to the Council's refuse collectors. These men had, up to this time patiently handled the most objectionable of materials with very little complaint, but it would be true to say that their task would have been made much easier if the offending shop-keepers had shown a little more consideration.

The Council has been warned on several occasions about the need to find new tipping space, and it is fully expected that the small swamp at Efford's Bridge which is used jointly with St. St. Germans Rural District Council, will be filled up during 1967, unless of course, the Rural Council and the Planning Authority change their minds about the refusal which they gave two years ago to allow the tip to be extended further up the small valley.

#### Housing.

During 1966 the subject of development in the Tor House area was actively pursued by the Housing Committee, and at the meeting of that Committee held on the 23rd May, a letter from the Ministry of Housing and Local Government raising no objection to the acceptance of a tender in the sum of £115,313 from Messrs. George Wimpey & Co. Ltd., for the erection of twelve flats, thirty two maisonettes, twenty garages and stores together with roads





and other siteworks, but it was not until the 18th August that work was actually begun by the firm on the site. Very rapid progress is being made and it is expected that the work will be completed by April next, thus to all intents and purposes completing the Council's housing programme.

### Private Enterprise Development

The Mill Farm Estate which is being developed by Mr. Halliday continued with the building of bungalows on Phase II, which is the second field to be taken over, and seven dwellings were completed during the year. Eight houses were built on the Carbeile Estate and private individuals accounted for another three dwellings being built in the town. A total of fifty two places of habitation was made up by the completion of thirty four flats and maisonettes by Messrs. Aubrey Long Ltd, at the junction between Marine Drive and Carbeile Road at the site of the Old Poor Law Institution. These were completed during the year and handed over to Admiralty tenants, and this makes a very welcome change to what was an ugly corner. The demand for houses being built for sale to private individuals is continuing steadily with a definite preference being shown for detached and semi-detached dwellings, particularly bungalows. Terrace houses and flats are not so attractive to the private purchaser.

### Slum Clearance.

During the twelve months which are the subject of this Report, progress was made with the purchase of the shops and dwellings in the "central clearance and redevelopment area" bounded by Harvey Street, Rowe Street and Eliot Square, and on Wednesday, 31st August, Mr. R.H. Heath, A.R.I.C.S., A.M.T.P.I., Dip.T.P., held a Public Local Inquiry to hear objections to the Council's proposal to make a Compulsory Purchase Order for No. 5 Clearance Area, which is the main part of the redevelopment area. The Minister subsequently confirmed the Order and it is expected that because most of the tenants now living in these streets will be rehoused when the dwellings are built by Messrs. George Wimpey & Co. Ltd., at Tor House, actual demolition will begin early in the new year.

Great difficulty is being experienced by the Housing Committee and the Council as a whole with the actual planning of the redevelopment. On the 7th December a meeting was held between representatives of this Council, the Eastern Area Planning Committee of Cornwall County Council and the County Highways Department together with two representatives from the Ministry of Housing and Local Government Regional Office at Bristol, but because of the opposing wishes of all the parties it seems impossible at this stage to satisfy them. For instance, the Council wishes to have high density high rise development on the site with not less than fifty dwellings, in order to make the project economical, but the Ministry is against development of below ten storeys in height, and they say that a building of over this height would be totally inappropriate to a town like Torpoint, but this is only the main objection. The County Planners say that they are prepared to agree to one or two low rise blocks and a high rise block, but provision must be made for garaging or car parking facilities, and room must still be left for clothes drying and other domestic facilities, and because the already narrow site is to be reduced still further when the County Council widens Harvey Street, the problem of planning a building satisfactorily to all parties, which will provide dwellings which people can afford to live in, seems well nigh impossible.

### Factories.

Routine inspections of factories were again carried out during the year, and only minor matters were found in contravention of the Act. These were complied with after verbal notice by the co-operation of owners concerned.



## Shops and Food Premises.

The following is a list of food premises in the Urban District:-

- 1 Supermarket.
- 4 Butchers.
- 11 Grocers.
- 2 Bakers/Confectioners.
- 2 Cafes.
- 3 Sweet Shops/Newsagents.
- 3 Greengrocers.
- 2 Fish and Chip Shops.

-----  
3 Private Clubs.  
-----

6 Licensed premises.  
-----

Many of the premises referred to above are also licensed for the sale of Ice Cream, and five grocers are licensed purveyors of milk.

Premises registered under section 16 of the Food and Drugs Act, 1955, are as follows:-

|   |    |
|---|----|
| Sale of Ice Cream                                 | 14 |
| Manufacture and sale of cooked meats              | 1  |
| Manufacture and sale of cooked meats and sausages | 3  |

Three food shops are registered for the sale of Cornish Ice Cream.

During the year under review the Co-operative Society, owning three adjacent shops (Butcher, Grocer and Greengrocer) carried out major alterations, forming one unit and thus creating a supermarket.

## Food Sampling.

The following samples were taken during the year, and the Public Health Laboratory reports upon all of these were satisfactory.

- 17 samples of Ice Cream.
- 7 samples of Milk.
- 3 samples of Frozen Peas.
- 1 sample of Fish Cake.

The general standard of Food Premises in the area remains quite good, and again this year, improvements have been carried out to shops and licensed premises in the area.

Two Preliminary Notices were served with regard to contraventions under the Food Hygiene Regulations, and both were complied with. It was necessary in one instance to take proceedings in the Magistrates Court. The case concerned a driver unloading meat and not wearing protective head covering. Also it was established that the van was in a dirty condition and without proper duck boards, and a further offence was that offal was not being carried in a proper manner. As a result of these contraventions, the owner was fined a total of £45 with costs.

The following foods were surrendered voluntarily for destruction:-

- 14 lb. 3 oz. Cooked Ham.
- 6 lb. 10 oz. Ox Tongues.
- 6 lb. Corned Beef.





Offices, Shops and Railway Premises Act, 1963.

Routine inspections under the above Act were carried out during the year and most of the owners seem to have been making an effort to comply with the Regulations.

Rodent Control.

Only two complaints of rodent infestation were received during the year, but the normal routine inspections were carried out and a check kept on the sewers. The usual necessary treatments to the refuse tip were also carried out at regular intervals.

Vermin. No complaint of verminous premises was received during the year.

Public Health Inspections of the Area.

I. Inspection of Dwelling Houses during the Year.

- |  |    |
|--|----|
| 1. (a) Total number of dwellinghouses inspected for defects under Public Health & Housing Acts.  | 24 |
| (b) Number of inspections made for the purpose.  | 41 |
| 2. (a) Number of dwellinghouses (included in sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations 1925 & 1932.       | 0  |
| (b) Number of inspections made for the purpose.  | 0  |
| 3. Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.                                    | 1  |
| 4. Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation. | 4  |

II. Remedy of Defects during the Year without Service of Formal Notice.

|   |   |
|---|---|
| Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers. | 4 |
|---|---|

III. Action under Statutory Powers during the Year.

- |   |   |
|---|---|
| (a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936, and Sections 10 and 12 of the Housing Act, 1957:- |   |
| 1. Number of dwellinghouses in respect of which notices were served requiring repairs.                                  | 1 |
| 2. Number of dwellinghouses in which defects were remedied after service of formal notices:                             |   |
| (a) by owners.  | 1 |
| (b) by Local Authority in default of owners.  | 0 |
| (b) Proceedings under Public Health Acts:-  |   |
| 1. Number of dwellinghouses in respect of which notices were served requiring defects to be remedied.                   | 2 |



|  |  |    |
|--|--|----|
| 2.   | Number of dwellinghouses in which defects were remedied after service of formal notice:-   |    |
| (a)  | by owners.   | 2  |
| (b)  | by Local Authority in default of owners.   | 0  |
| (c)  | Proceedings under Sections 11 and 13 of the Housing Act, 1936, and section 10 of the Local Government (Miscellaneous Provisions) Act, 1953, and Sections 16 and 23 of the Housing Act, 1957. |    |
| 1.   | Number of dwellinghouses in respect of which Demolition Orders were made.  | 0  |
| 2.   | Number of dwellinghouses demolished in pursuance of Demolition Orders.   | 0  |
| 3.   | Number of undertakings not to use unfit houses accepted.   | 0  |
| 4.   | Number of dwellinghouses in respect of which Closing Orders were made.   | 0  |
| 5.   | Number of dwellinghouses in respect of which Closing Orders were determined.   | 0  |
| (d)  | Proceedings under Section 12 of the Housing Act, 1936, and Section 18 of the Housing Act, 1957.  |    |
| 1.   | Number of separate tenements or underground rooms in respect of which Closing Orders were made.  | 0  |
| 2.   | Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement rooms having been rendered fit.   | 0  |
| <u>V. Housing Act, 1936, Part IV and Housing Act, 1957, Part IV. Overcrowding:</u> |  |    |
| (a) 1.   | Number of dwellings overcrowded at the end of the year.  | 0  |
| 2.   | Number of families dwelling therein.   | 0  |
| 3.   | Number of persons dwelling therein.  | 0  |
| (b)  | Number of new cases of overcrowding during the year.   | 0  |
| (c) 1.   | Number of cases of overcrowding relieved during the year.  | 0  |
| 2.   | Number of persons concerned in such cases.   | 0  |
| (a)  | Drains tested.   | 45 |
|  | Number of visits re drainage.  | 96 |
| (b)  | Visits re infectious diseases.   | 0  |
|  | Premises disinfected   | 0  |
| (c)  | Inspection of Food Premises.   | 96 |
| (d)  | Inspection of shops under Shops Act.   | 24 |
| (e)  | Inspection of Factories.   | 17 |
| (f)  | Preliminary Inspection of houses for slum clearance plan.  | 0  |





# APPENDIX 1

## PRINCIPAL CAUSES OF DEATH - ALL AGES - 1966

| DISEASE                   | ST.<br>GERMANS<br>R.D. | LISKEARD<br>R.D. | SALTASH<br>M.B. | TORPOINT<br>U.D. | LISKEARD<br>M.B. | LOOE<br>U.D. | HEALTH AREA<br>NO. 7. |
|---------------------------|------------------------|------------------|-----------------|------------------|------------------|--------------|-----------------------|
| Heart disease             | 79                     | 56               | 45              | 23               | 38               | 24           | 265                   |
| Cancer (all sites)        | 46                     | 17               | 11              | 14               | 21               | 11           | 120                   |
| Stroke                    | 16                     | 19               | 15              | 9                | 35               | 8            | 102                   |
| Respiratory<br>disease    | 26                     | 10               | 8               | 2                | 7                | 6            | 59                    |
| Circulatory<br>disease    | 9                      | 11               | 7               | 4                | 3                | 2            | 36                    |
| Accidents                 | 6                      | 2                | 6               | 2                | 3                | 1            | 20                    |
| Digestive<br>disease      | 3                      | 2                | 3               | -                | -                | -            | 8                     |
| Geneto-urinary<br>disease | 3                      | 2                | -               | -                | 1                | 1            | 7                     |

# APPENDIX 2.

## TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1966

| TYPE OF DISEASE                    | ST.<br>GERMANS<br>R.D. | LISKEARD<br>R.D. | SALTASH<br>M.B. | TORPOINT<br>U.D. | LISKEARD<br>M.B. | LOOE<br>U.D. | HEALTH AREA<br>NO. 7. |
|------------------------------------|------------------------|------------------|-----------------|------------------|------------------|--------------|-----------------------|
| Coronary disease,<br>angina        | 45                     | 25               | 19              | 14               | 11               | 10           | 124                   |
| Hypertension with<br>heart disease | 2                      | 3                | -               | 1                | 3                | -            | 9                     |
| Other heart<br>disease             | 32                     | 28               | 26              | 8                | 24               | 24           | 132                   |
| Cancer of the lung<br>and bronchus | 10                     | 4                | 3               | 4                | 3                | -            | 24                    |
| Cancer of stomach                  | 5                      | 1                | 1               | 1                | 2                | 1            | 11                    |
| Cancer of breast                   | 4                      | 1                | -               | -                | 2                | 2            | 9                     |
| Cancer of uterus                   | 4                      | -                | -               | -                | 1                | 1            | 6                     |
| Other cancers                      | 23                     | 11               | 7               | 9                | 13               | 7            | 70                    |

# APPENDIX 3.

## DEATHS BY AGE GROUPS - 1966

| DISTRICT              | 0 - 4<br>YEARS | 5 - 14<br>YEARS | 15 - 44<br>YEARS | 45 - 64<br>YEARS | 65 - 74<br>YEARS | 75 YEARS<br>AND<br>OVER | ALL AGES |
|-----------------------|----------------|-----------------|------------------|------------------|------------------|-------------------------|----------|
| ST. GERMANS R.D.      | 3              | 1               | 9                | 39               | 64               | 97                      | 213      |
| LISKEARD R.D.         | 5              | -               | 2                | 26               | 42               | 60                      | 135      |
| SALTASH M.B.          | 4              | 1               | 2                | 16               | 31               | 52                      | 106      |
| TORPOINT U.D.         | 1              | -               | 2                | 14               | 9                | 31                      | 57       |
| LISKEARD M.B.         | 3              | 1               | 3                | 14               | 27               | 72                      | 120      |
| LOOE U.D.             | 1              | -               | 1                | 7                | 18               | 33                      | 60       |
| HEALTH AREA<br>NO. 7. | 17             | 3               | 19               | 116              | 191              | 345                     | 691      |





APPENDIX 4

TUBERCULOSIS

NEW CASES IN HEALTH AREA NO. 7. - 1966

| <u>A. E GROUP</u>                        | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|--|--------------|----------------|----------------|
| 0 - 4 YEARS                              | -            | -              | -              |
| 5 - 14 YEARS                             | -            | 1              | 1              |
| 15 - 24 YEARS                            | 1            | -              | 1              |
| 25 - 44 YEARS                            | 1            | 1              | 2              |
| 45 - 64 YEARS                            | 1            | 5              | 6              |
| 65 YEARS AND OVER                        | 5            | 1              | 6              |
|  | <u>8</u>     | <u>8</u>       | <u>16</u>      |
|  | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
| NEW CASE RATE PER<br>1,000 OF POPULATION | 0.16         | 0.16           | 0.32           |

CASE RATES AND MORTALITY RATES IN COUNTY DISTRICTS IN HEALTH AREA NO. 7. - 1966

| <u>DISTRICT</u>    | <u>NEW CASES</u> | <u>ALL KNOWN CASES</u> | <u>DEATHS</u> |
|--------------------|------------------|------------------------|---------------|
| ST. GERMANS R.D.   | 0.28             | 2.54                   | -             |
| LISKEARD R.D.      | 0.15             | 2.68                   | -             |
| SALTASH M.B.       | 0.24             | 2.30                   | 0.12          |
| TORPOINT U.D.      | 0.30             | 3.07                   | -             |
| LISKEARD M.B.      | 0.85             | 5.74                   | 0.43          |
| LOOE U.D.          | 0.50             | 4.74                   | -             |
| HEALTH AREA NO. 7. | 0.32             | 3.07                   | 0.06          |
| CORNWALL COUNTY    | 0.23             | 3.48                   | 0.04          |

APPENDIX 5.

CANCER OF THE LUNG AND BRONCHUS  
DEATHS BY AGE GROUPS - 1966

| <u>AGE GROUP</u> | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|------------------|--------------|----------------|----------------|
| 35 - 44 YEARS    | -            | 1              | 1              |
| 45 - 54 YEARS    | 1            | -              | 1              |
| 55 - 64 YEARS    | 9            | 1              | 10             |
| 65 - 74 YEARS    | 8            | 1              | 9              |
| 75 AND OVER      | 3            | -              | 3              |

DEATH RATE PER 1,000 OF POPULATION - 1966

|                    | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|--------------------|--------------|----------------|----------------|
| HEALTH AREA NO. 7. | 0.408        | 0.058          | 0.466          |
| CORNWALL COUNTY    | 0.399        | 0.088          | 0.487          |
| ENGLAND AND WALES  | 0.470        | 0.092          | 0.562          |



Annual Report of the Medical Officer of Health  
in respect of the Year 1966 for the Urban District  
of Torpoint in the County of Cornwall.

Prescribed Particulars on the Administration  
of the Factories Act, 1961.

Part 1 of the Act.

- Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors)

| Premises.  | Number<br>on<br>Register<br>(2) | Number<br>of<br>Inspections<br>(3) | Written<br>Notices<br>(4) | Occupiers<br>Prosecuted<br>(5) |
|--|---------------------------------|------------------------------------|---------------------------|--------------------------------|
| (i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities. ....                   | 0                               | 0                                  | 0                         | 0                              |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority. ....                   | 14                              | 16                                 | 0                         | 0                              |
| (ii) Other premises in which Section 7 is enforced by the Local Authority(excluding out-workers' premises). .... |                                 |                                    |                           |                                |
| Total  | 14                              | 16                                 | 0                         | 0                              |

- Cases in which defects were found.  
(if defects are discovered at the premises on two, three or more separate occasions, they should be reckoned as two, three or more "cases".

| Particulars<br><br>(1)            | No. of cases in which defects were found. |                 |  |                             | Number of<br>cases in which<br>Prosecutions<br>were instituted<br>(6) |
|-----------------------------------|---|-----------------|--|-----------------------------|---|
|                                   | Found<br>(2)                              | Remedied<br>(3) | Referred.<br>to H.M.<br>Inspector<br>(4) | by H.M.<br>inspector<br>(5) |   |
| Want of cleanliness (s.1)         | 2   | 2               | -  | -                           | -   |
| Overcrowding (s.2)                | -   | -               | -  | -                           | -   |
| Unreasonable temperature<br>(s.3) | -   | -               | -  | -                           | -   |
| Inadequate ventilation<br>(s.4)   | -   | -               | -  | -                           | -   |





| Particulars<br><br>(1)  | Number of cases in which defects<br>were found. |                     |                             |                             | Number of<br>cases in which<br>prosecutions<br>were instituted<br><br>(6) |
|---|---|---------------------|-----------------------------|-----------------------------|---|
|   | Found<br><br>(2)                                | Remedied<br><br>(3) | Referred                    |                             |   |
|   |   |                     | to H.M.<br>Inspector<br>(4) | by H.M.<br>Inspector<br>(5) |   |
| Ineffective drainage of<br>Floors (s.6) .....   | -   | -                   | -                           | -                           | -   |
| Sanitary Conveniences<br>(s.7)  |   |                     |                             |                             |   |
| (a) Insufficient.....   | -   | -                   | -                           | -                           | -   |
| (b) Unsuitable or<br>defective .....  | -   | -                   | -                           | -                           | -   |
| (c) Not separate for<br>sexes .....   | -   | -                   | -                           | -                           | -   |
| Other offences against the<br>Act (not including offences<br>relating to Out-work)..... | -   | -                   | -                           | -                           | -   |
| Total .....   | -   | -                   | -                           | -                           | -   |

# Part VIII of the Act

## Outwork

(Sections 133 and 134)

There is only one outworker in the Torpoint Urban Area.





